

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: LAKE HOUSE (0008754)
Address: 412 E LAKE AVENUE, LADYSMITH, WI 54848
License Status: REGULAR
Licensed/Certified/Registered 08/16/1999
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096339 **End Date:** 01/27/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096308 **End Date:** 11/03/2005 **Type:** OTHER **Purpose:** SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095552 **End Date:** 08/31/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006363 Served 09/14/2005

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0092802 **End Date:** 06/23/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Adult Family Home

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092577 End Date: 05/12/2004 Type: INITIAL Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006392 Served 05/15/2004

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------|--------------------------------|------------------|
| 88.05(3)(e)2.b | INSPECTIONS-GAS FURNACE | 05/28/2004 | Yes |

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Complaint History

Date Complaint Received: 01/17/2006

Date Investigation Completed: 01/27/2006

Subject Area(s)

LICENSED CAPACITY /CLASS OF LICENSE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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